								Application or Docket Number					
	PATENT	APPLICATIO Effect	1072/148										
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY		
TOTAL CLAIMS			20					RATE	FEE		RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FI	€ 385.00	OR	BASIC FEE	770.00	
TOTAL CHARGEABLE CLAIMS			<i>10</i> minus 20=		•			X\$ 9=		OR	X\$18=		
INDEPENDENT CLAIMS			3 minus 3 =		*			X43= '		OR	X86=		
MU	LTIPLE DEPEN	IDENT CLAIM PF	RESENT					+145=		OR	+290≈		
* If	the difference	in column 1 is l	ess than zero, enter "0" in column 2				- 0	TOTAL			TOTAL		
. CLAIMS AS AMENDED - PART II								10176		OR	OTHER	THAN	
1-	-10-05	(Column 1)	·	(Column 2) (Column 3				SMAL	ENTITY	OR	SMALL		
AMENDMENTA		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUMI PREVIO PAID	BER	PRESENT EXTRA		RATE	ADDI- TIONAL FEB		RATE	ADDI- TIONAL FEE	
DME	Total	• //	Minus	** Z	0	- B		X\$ 9=		OR	X\$18=		
MEN	Independent	. 2	Minus	***	3	= 8		X43=	1/	OR	X86=	1	
⋖	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						·	+145=	1/	OR	+290=		
							TOTA			TOTAL			
(Column 1) (Column 2) (Column 3)								ADDIT. FE	ELL	JOIN	ADDIT. FEE		
NT B		(Column 1)  CLAIMS  REMAINING  AFTER  AMENDMENT		HIGH NUMI PREVIO	EST : BER DUSLY .	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
AMENDMENT	Total	*	Minus	**		= ·		X\$ 9=		OR	X\$18=		
MEN	Independent	*	Minus	***		= :		X43=		OR	X86=		
₹	FIRST PRESE	NTATION OF MU	ILTIPLE DEP	ENDENT	CLAIM.			+145=		OR	+290=	-	
L'							TOTA			TOTAL	•		
								ADDIT. FE	E <b>L</b>	JON	ADDIT. FEE		
	`	(Column 1) CLAIMS		(Colur HIGH	EST	(Column 3)	· F		ADDI-			ADDI-	
C	•	REMAINING AFTER :		PREVIO	DÚSLY .	PRESENT EXTRA		RATE	TIONAL		RATE	TIONAL FEE	
AMENDMENT	Total	AMENDMENT	Minus	PAID	! !	=	ł	X\$ 9=	FEE	00	X\$18=	ree.	
END	Total Independent	*	Minus	***		=	ŀ		-	OR			
AM	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							X43=		OR	X86=		
+145=										OR	+290=		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."										OR	TOTAL ADDIT. FEE		
	teah - Olli-base bice	mber Previously Par ober Previously Par	aid For IN THE	S SPACE I	s less tha	n 3. enter "3."		nd in the a	ppropriate bo	x in co	lumn 1.		